UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships
1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127



2024-2025 Default or Overpayment Verification

Section A – Student Information (Please print clearly)					
Last Name	F	irst Name	M.I.	Email	
2. Please sub	nis entire worksheet. mit all documents at t			ne form must be <u>SIGNED</u> .	
overpayment of programs to who you received from	of federal student aid thich you were not ent from the loan agency o	unds. You are required	d by law to repay a It or overpayment ducation confirmin	n a federal student loan and/or received an any funds received from the federal student aid (s) has been resolved, please provide any letters ng resolution.	
Section B	- DelauluOverpa	iyinlent verincation	1		
I have attached	the following docum	entation <i>(please check</i>) :		
□ Satisfa on-time □ Rehabi on-time	ctory Repayment Arra e payments. ilitation Repayment A e payments.		agency, with prod	of of six consecutive, full, voluntary, roof of nine consecutive, full, voluntary at has been resolved.	
Section C	– Student Signat	ure			
IMPORTANT:		l on every page of 8 $^{1/2}$		When submitting documentation: ies.	
I certify that the	e information provided	on this form and any a	ttachments are tru	ue and correct.	
Student Signature		Date	Date		

ENTER YOUR 9-DIGIT UIN

2425 **DEFL-O** N

